

EXHIBIT 74

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

In re: Bair Hugger Forced Air Warming
Products Liability Litigation

MDL No. 2666
(JNE/DTS)

This Document Relates to All Actions

**AFFIDAVIT OF DR.
JONATHAN SAMET**

STATE OF COLORADO)
) ss.
COUNTY OF ARAPAHOE)

I, Jonathan M. Samet, M.D., M.S., being first duly sworn under oath, state and attest
as follows:

1. I have reviewed the publication by Jeans et al. entitled *Methicillin sensitive staphylococcus aureus screening and decolonization in elective hip and knee arthroplasty* (published in *Journal of Infection* 2018). This paper describes the outcome of a screening program for methicillin-sensitive staphylococcus aureus (MSSA) supplementing standard screening for methicillin-resistant staphylococcus aureus (MRSA) implemented at three hospitals of the Northumbria Health Foundation Trust that perform arthroplasty surgery. The time period of the MSSA screening intervention overlaps with that of the study by McGovern et al. entitled *Forced-air warming and ultra-clean ventilation do not mix* (published in *The Journal of Bone and Joint Surgery* 2011), which compared deep joint infection rates during a time period when the Bair Hugger warming device was used compared with a subsequent period when a conductive warming device was used.
2. The screening program for MSSA was associated with a lower rate of prosthetic joint infection, which Jeans et al. define as including both “deep and superficial infections” (overall 1.92% before implementation of screening and 1.41% following). Consequently, the possibility of temporal confounding has been raised, such that MSSA screening might have affected

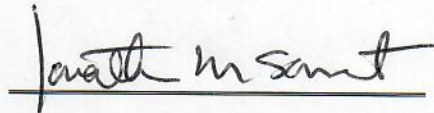
the findings on the type of warming device in the study by McGovern et al. The MSSA screening program was implemented on January 1, 2010, while the conductive warming period in the McGovern et al. study extended from June 1, 2010 through December 2010; the Bair Hugger period ended on February 28, 2010. Thus, screening for MSSA overlapped with both the end of the Bair Hugger interval and the conductive warming interval.

3. Comparing the infection rates during the Bair Hugger and the conductive warming intervals, McGovern et al. calculated an odds ratio of 3.8 ($p=0.024$). Given the smaller effect of the MSSA screening program and the overlap of screening for MSSA with the time periods when both types of warmers were in use, the odds ratio of 3.8 cannot be dismissed as due to confounding, and, in fact, any confounding is likely to have been minimal given the level of effectiveness of the screening. Additionally, the relevance of the Jeans et al. study is uncertain as deep joint infections were not separately analyzed.
4. Thus, this additional publication does not change my opinion, as given in my expert report of March 30, 2017, that the Bair Hugger device would constitute a substantial contributing cause of deep joint infection.

FURTHER THIS AFFIANT SAYETH NAUGHT.


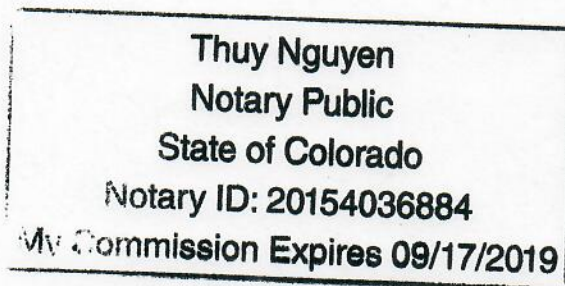
Dated:

May 14, 2019



Jonathan M. Samet, M.D., M.S.

Notarized:



Thuy Nguyen
May 14, 2019.